

STATEMENT OF ORGANIZATION		OFFICE USE ONLY												
1. Name and Address of Committee URBAN GAME CHANGERS OF LOUISIANA POLITICAL AC PO BOX 4764 BATON ROUGE, LA 70821 Check If: New Committee _____	2. Date of this Statement <div style="text-align: center;">8/3/2015</div> 3. Estimated Membership <div style="text-align: center;">100</div> 4. Amended Statement? <div style="text-align: center;"> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </div>	Report Number: 49759 Date Filed: 8/3/2015												
5. All Committee Officers and Directors (including Chairperson, Treasurer, if any, and any other committee officers and directors) <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><u>a. Name</u></td> <td style="width: 33%;"><u>b. Position</u></td> <td style="width: 33%;"><u>c. Address</u></td> </tr> <tr> <td>WANZA BELL</td> <td>Chairperson</td> <td>PO BOX 4764</td> </tr> <tr> <td></td> <td></td> <td>BATON ROUGE, LA 70821</td> </tr> <tr> <td></td> <td>Treasurer</td> <td></td> </tr> </table>			<u>a. Name</u>	<u>b. Position</u>	<u>c. Address</u>	WANZA BELL	Chairperson	PO BOX 4764			BATON ROUGE, LA 70821		Treasurer	
<u>a. Name</u>	<u>b. Position</u>	<u>c. Address</u>												
WANZA BELL	Chairperson	PO BOX 4764												
		BATON ROUGE, LA 70821												
	Treasurer													
6. Affiliated Organizations <small>(Any organization other than a political committee which directly or indirectly established, administers, or financially supports this committee.)</small> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><u>a. Name</u></td> <td style="width: 33%;"><u>b. Address</u></td> <td style="width: 33%;"><u>c. Relationship to Committee</u></td> </tr> </table>			<u>a. Name</u>	<u>b. Address</u>	<u>c. Relationship to Committee</u>									
<u>a. Name</u>	<u>b. Address</u>	<u>c. Relationship to Committee</u>												
7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions or money market mutual funds.) <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><u>a. Name</u></td> <td style="width: 33%;"><u>b. Address</u></td> </tr> </table> <p style="text-align: center;">On attached sheet</p>			<u>a. Name</u>	<u>b. Address</u>										
<u>a. Name</u>	<u>b. Address</u>													
8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: a. Check one: <input type="checkbox"/> Principal Campaign Committee <input type="checkbox"/> Subsidiary Committee														
b. Name of Candidate	c. Office Sought by the Candidate													
9. a. Name of Person Preparing Report AMANDA KATZ b. Daytime Telephone 225-767-7163														
10. WE HEREBY CERTIFY that the information contained in this STATEMENT OF ORGANIZATION is true and correct to the best of our knowledge, information and belief. This <u>3rd</u> day of <u>August</u> , <u>2015</u> . <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;"> <u>WANZA BELL</u> Signature of Committee/Chairperson </td> <td style="width: 50%; text-align: center;"> <u>225-802-8594</u> Daytime Telephone </td> </tr> <tr> <td style="text-align: center;"> _____ Signature of Committee Treasurer, if any </td> <td style="text-align: center;"> _____ Daytime Telephone </td> </tr> </table>			<u>WANZA BELL</u> Signature of Committee/Chairperson	<u>225-802-8594</u> Daytime Telephone	_____ Signature of Committee Treasurer, if any	_____ Daytime Telephone								
<u>WANZA BELL</u> Signature of Committee/Chairperson	<u>225-802-8594</u> Daytime Telephone													
_____ Signature of Committee Treasurer, if any	_____ Daytime Telephone													

7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions or money market mutual funds.)

a. Name

REGIONS BANK

b. Address

400 CONVENTION STREET
BATON ROUGE, LA 70802